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## BIB DATA SHEET

CONFIRMATION NO. 5766

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT                    | ATTORNEY DOCKET<br>NO.  |                               |                                    |
|---|---|---|-----------------------------------|---|-------------------------------|------------------------------------|
| 10/535,167  | 04/10/2006<br>RULE  | 435   | 1654                              | A-71864/TAL/MFK   |                               |                                    |
| <b>APPLICANTS</b><br>Timothy Fong, Moraga, CA;<br>Alexis E. Te, Manhasset, NY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/37043 11/17/2003 /JER/<br>which claims benefit of 60/426,684 11/15/2002<br>and claims benefit of 60/470,839 05/15/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/19/2008 |   |   |                                   |   |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /JEFFREY E<br>RUSSEL/<br>Acknowledged Examiner's signature   |   | <input type="checkbox"/> Met after<br>Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWINGS</b><br>16  | <b>TOTAL<br/>CLAIMS</b><br>20 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>King Spalding LLP<br>4 Embarcadero Center<br>Suite 3500<br>San Francisco, CA 94111<br>UNITED STATES   |   |   |                                   |   |                               |                                    |
| <b>TITLE</b><br>Cytomodulating Peptides for Treating Interstitial Cystitis  |   |   |                                   |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>2340  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                               |                                    |